

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90004 022 ****50.00

DOCUMENT # L98000000899

1. Entity Name

CANDLELIGHT SQUARE L.C.



Principal Place of Business

~~4051 ATLANTIC BLVD.~~
~~JACKSONVILLE FL 32207~~

Mailing Address

~~4051 ATLANTIC BLVD.~~
~~JACKSONVILLE FL 32207~~

2. Principal Place of Business

~~1122 WOODRUFF AVE.~~

3. Mailing Address

~~1122 WOODRUFF AVE.~~

Suite, Apt. #, etc.

~~APT. #1~~

Suite, Apt. #, etc.

~~APT. #1~~

City & State

~~JACKSONVILLE, FL.~~

City & State

~~JACKSONVILLE, FL.~~

Zip

Country

~~32205~~

~~USA~~

Zip

Country

~~32205~~

~~USA~~

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3531277**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KREDELL, SAMUEL D
4051 ATLANTIC BLVD.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name **SAMUEL D. KREDELL**

Street Address (P.O. Box Number is Not Acceptable)
1122 WOODRUFF AVE #1

City **JACKSONVILLE**

FL

Zip Code
32205

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

SAMUEL D. KREDELL

(NOTE: Registered Agent signature required when reinstating)

4-5-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **KREDELL, SAMUEL D**
STREET ADDRESS **4051 ATLANTIC BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**
CHANGE OF ADDRESS

TITLE **MGRM** ☒ Delete
NAME **DIAMOND REAL ESTATE CORP.**
STREET ADDRESS **4051 ATLANTIC BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**
DELETE

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **KREDELL, SAMUEL D.**
STREET ADDRESS **1122 WOODRUFF AVE #1**
CITY-ST-ZIP **JACKSONVILLE, FL. 32205**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **BOSS INVESTMENT CORP.**
STREET ADDRESS **1122 WOODRUFF AVE. #1**
CITY-ST-ZIP **JACKSONVILLE, FL. 32205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

#904-568-5327

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

4-2-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)